IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Karen M. Cheves et al. Applicant:

Serial No.:

1001.1705101

Unknown Examiner: Unknown

Group Art Unit: Unknown Filed: April 21, 2004

Docket: TRACTION CUTTING BALLOON For:

TRANSMITTAL SHEET

Customer No.: 28075

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 315613793 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 21st day of April 2004.

We are	e transmitting herewith the attached Patent Application including the following:
[XX]	TWENTY (20) Sheet(s) of Specification
[XX]	TWENTY-FIVE (25) Claim(s)
[XX]	ONE (1) sheet of Abstract
[XX]	FOUR (4) Sheet(s) of Formal Drawings
[XX]	Unexecuted Declaration and Power of Attorney
[]	Small entity status under 37 C.F.R. §§ 1.9 and/or 1.27 is claimed
[XX]	An Assignment of the invention to <u>SciMed Life Systems</u> , <u>Inc.</u> , will be submitted at a later date.
[]	A certified copy of a application, Serial No, filed, the

		CLAIMS A	S FILED			
	(1)	(2)	Small Entity		Other	
For:	# Filed	# Extra	Rate	Fee	Rate	Fee
Basic Fee	. 1	0		\$385		\$770
Total Claims	25 - 20 =	5	X 9 =	\$	X 18 =	\$90
Independent Claims	5 - 3 =	2	X 43 =	\$	X 86 =	\$172
() Multiple Depende	+ 145 =	\$	+ 290 =	\$0		
TOTAL	\$		\$1,032			

^{*}If the difference in Column (1) is less than zero, enter "0" in column 2.

Deposit Account No. 50-0413.

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[XX]	A check in the amount of $$1,032.00$ is enclosed.
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IXXXXI	Please charge any deficiencies or credit any overnayment in the enclosed fees to

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